REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: AA490 Type of Application Code assigned by DOJ	ation:	License			
Job Title or Type of License, Certification or Pe	ərmit:	Professional Fiduciary			
Agency Address Set Contributing Agency:					
Professional Fiduciaries Bureau		11845			
Agency authorized to receive criminal history information		Mail Code (five digit code assigned by DOJ)			
PO Box 989005		N/A Contact Name (Mandatory for all school submissions)			
Street No. Street or P.O. Box					
West Sacramento, CA 95798-0005 City State Zip Code		(916) 574-7340 Contact Telephone No.			
Name of Applicant:	First	MI			
Alias:		Driver's License No.			
Last First					
Date of Birth: Sex: Male	Female	Misc. No. BIL- Applicant Must Pay Agency Billing Number (if applicable)			
Height: Weight:					
Eye Color: Hair Color:		Home Address: Street or P.O. Box			
Place of Birth:		City, State and Zip Code			
SOC:					
Your Number: OCA No. (Agency Identifying No.)	_	Level of Service X DOJ X FBI			
If resubmission, list Original ATI No.					
Employer: (Additional response for agencies specified by	oy statute)				
N/A					
Employer Name					
Street No. Street or P.O. Box		Mail Code (five digit code assigned by DOJ)			
Street No.		()			
City State	Zip Code	Agency Telephone No. (optional)			
Live Scan Transaction Completed By: Date:					
Name o	of Operator				
Transmitting Agency	ATI No.	Amount Collected/Billed			

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West Sacramento, CA 95798-0005		(916) 574-7340			
City State Zi	ip Code	Contact Teleph	none No.		
Name of Applicant: (please print) Last	First		MI		
, , , , , , , , , , , , , , , , , , , ,					
Alias: Last Fi	irst	Driver's License I	No		
Date of Birth: Sex:N	/lale Female	Misc. No. BIL-	Applicant Must Pay Agency Billing Number (if applicable)		
Usiaht. Woight		Mica No:			
Height: Weight:					
Eye Color: Hair Color:		Home Address:			
			Street or P.O. Box		
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W					
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N/A					
Employer Name		<u> </u>			
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		()			
City State	Zip Code	Agend	cy Telephone No. (optional)		
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Job Title or Type of License, Certification	on or Permit:	Professional Fig	duciary		
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Professional Fiduciaries Bureau	oy.		11845		
Agency authorized to receive criminal history info	rmation	Mail Code (five digit code assigned by DOJ)			
PO Box 989005		N/A			
Street No. Street or P.O. Box		Contact Name (Mandatory for all school submissions)			
West Sacramento, CA 95798-0005		(916) 574-7340			
City State	Zip Code	Contact Teleph	hone No.		
Name of Applicant: (please print) Last	First		MI		
(1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
Alias:	First	Driver's License	No		
		N. Bu	Anniinant Must Day		
Date of Birth: Sex:	Male Female	Misc. No. BIL-	Applicant Must Pay Agency Billing Number (if applicable)		
Height: Weight:		Misc No			
	•				
Eye Color: Hair Colo	or:	Home Address:			
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Circot on D.O. Davi		- Nacil C	2. 1. (" - d'alt - d- a-altanad hu DO I)		
Street No. Street or P.O. Box		Mail C	Code (five digit code assigned by DOJ)		
City State	Zip Code	(cy Telephone No. (optional)		
Oily Side	<u> </u>	Agon.			
Live Scan Transaction Completed By: Name of Operator Date:					
Transmitting Agency	ATI No.		Amount Collected/Billed		

INSTRUCTIONS FOR COMPLETING THE LIVE SCAN FORM (BCII 8016)

PFB - 2007

DEPARTMENT OF CONSUMER AFFAIRS

Professional Fiduciaries Bureau

P.O. Box 989005, West Sacramento, CA 95798-0005

Telephone: (916) 574-7340 Website: www.fiduciary.ca.gov



COMPLETING THE LIVE SCAN FORM

Live Scan is an automated service that the California Department of Justice (DOJ) provides to agencies that require criminal history background checks from the state and/or Federal Bureau of Investigations (FBI) as a condition of employment, licensing, certification, foreign adoptions or VISA/Immigration clearances. Live Scan digital submissions provide the quickest way to submit and process background checks.

Below are the instructions for completing the Request for Live Scan Service Form:

Fill out the following information on the pre-printed Live Scan form (BCII 8016), which can be obtained either from the Bureau or downloaded from the Bureau's website at www.fiduciary.ca.gov

Enter the applicant's Last Name, First Name, and Middle Name. 1. Name of Applicant: 2. Alias: Enter any aliases (including any maiden name) of the applicant.

3. Date of Birth: Enter the applicant's date of birth (month, date, year).

4. Sex: Enter the applicant's gender. 5. Height: Enter the applicant's height. 6. Weight: Enter the applicant's weight. 7. Eye Color: Enter the applicant's eye color. 8. Hair Color: Enter the applicant's hair color.

9. Place of Birth: Enter the applicant's location of birth (such as city and state).

Enter the applicant's social security number. 10. SOC: 11. Driver's License No.: Enter the applicant's driver's license number.

12. Home Address: Enter the applicant's home address or P.O. Box (include city/state/zip code).

STEP₂

Take the three copies of the completed Live Scan Form to a Live Scan service site to have your fingerprints electronically submitted to DOJ and the FBI. For a listing of a Live Scan service site near you, please visit DOJ's website at http://caag.state.ca.us/app/livescan.htm.

Pay the Live Scan operator. The Live Scan operator will collect the fingerprint processing fees directly from the applicant. The processing fee for DOJ is \$32.00 and \$24.00 for FBI. However, check with the Live Scan service site to determine if additional fees are charged for "rolling" prints and/or administrative processing. Ensure the Live Scan Operator completes the bottom portion of each form.

STEP 4

Submit the second copy of the Live Scan Form (BCII 8016), which should be signed by the Live Scan Operator and have the ATI number on it, to the Bureau with your application.

If you have any questions regarding the process, please contact the Bureau at (916) 574-7340.